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3	Ensure all property purchased with Federal funds is placed on a compliant property record.
2	Implement procedures to ensure that all subrecipients are properly monitored in accordance with Federal statutes and the terms and conditions of the subaward.
4	We recommend the Senior Vice President, Generation Projects and Fleet Services, in coordination with the Chief Nuclear Officer, mitigate the risks to Quality Control inspector independence.
3	We recommend the Vice President, Power Service Shop and Regional Maintenance, address or continue to address concerns related to business partner communication.
2	We recommend the Vice President, Power Service Shop and Regional Maintenance, address or continue to address resource concerns related to tooling, tools, equipment, and trailers.
1	We recommend the Vice President, Power Service Shop and Regional Maintenance, address or continue to address staffing challenges.
2	We recommend the Tennessee Valley Authority's Senior Vice President, Transmission and Power Supply implement and formalize a periodic review process of user access permissions to the system tabs that involve entry and editing of Load Not Served data.
1	We recommend the Tennessee Valley Authority's Senior Vice President, Transmission and Power Supply require Transmission Service Center management approval of all Load Not Served data entered into the Service Interruption Database, including all exclusions.
7	We recommend the Executive Associate Directors for Enforcement and Removal Operations and Management and Administration determine the reasonableness of the amount and frequency of standby bus charges.
6	We recommend the Executive Associate Director for Management and Administration recover any monies, including the \$408,875 identified in this report, determined to have been paid toward inaccurate charges or costs not supported by documentation.
5	We recommend the Executive Associate Director for Management and Administration recover any monies, including the \$408,875 identified in this report, determined to have been paid toward inaccurate charges or costs not supported by documentation.
5	We recommend the Executive Associate Director for Enforcement and Removal Operations evaluate the workload for CORs and determine if sufficient resources are allocated to adequately oversee contracts and, based on the evaluation, develop, and implement a plan to more effectively manage or obtain additional personnel resources.
4	We recommend the Executive Associate Director for Enforcement and Removal Operations develop and implement guidance to ensure that Enforcement and Removal Operations develops QASPs for contracts that include specific methods for monitoring contractor compliance with contract terms and develop procedures to ensure CORs use the QASPs as part of their oversight activities.
3	We recommend the Executive Associate Director for Management and Administration develop and implement procedures to ensure contracting staff issue COR appointment letters and maintain them in contract files.
2	We recommend the Executive Associate Director for Management and Administration ensure COs issue COR appointment letters to CORs who do not have them and reissue outdated COR appointment letters.
1	We recommend the Executive Associate Director for Management and Administration ensure ICE appoints appropriately certified CORs to oversee high-risk transportation services contracts.
5	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, implement and communicate accurate, consistent, and reproducible metrics on the effectiveness of recovery activities to relevant stakeholders.
4	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, perform annual test, training, and exercise activities of each business critical application as required by TVA policy to ensure (a) contingency training is provided consistently with the roles and responsibilities to identify and include the appropriate content and level of detail, and (b) resources are allocated in a risk-based manner and stakeholders are held accountable.
3	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, update TVA's Vulnerability Disclosure Policy to include all internet-accessible federal systems in the scope of the policy and create performance measures to gauge the effectiveness of its Vulnerability Disclosure Policy and disclosure handling procedures.
2	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, update processes to ensure that the results of Business Impact Analysis are consistently (a) integrated with the enterprise risk management process and (b) used in conjunction with the risk register to calculate potential overall risk and inform senior level decision-making.
1	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, implement a knowledge, skills, and abilities assessment to tailor cybersecurity awareness and specialized training, identify gaps in TVA's cybersecurity workforce, and subsequently address the identified gaps through training or talent acquisition.

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7	The Peace Corps complete and fully implement an identity credential and access management program.
6	The Peace Corps improve its vulnerability and patch management processes by consistent and timely remediation of critical and high vulnerabilities as well as patching.
5	The Peace Corps consistently improve and implement its inventory management process to ensure information system, hardware, and software inventories are accurate, complete, and up to date.
4	The Peace Corps improve its incident response process to ensure incidents are properly defined, promptly identified, and effectively remediated.
3	The Peace Corps further define and implement the ERM program to ensure information security risks are communicated and monitored at the system, business process, and entity levels.
2	The Peace Corps include the CISO at the ERM Council meetings to provide insights on cybersecurity risks.
1	The Peace Corps develops a strategy and structure that integrates information security into the agency's business operations. This should include an established responsibility for assessing information security risks in all agency programs and operations and providing this analysis to senior leadership, including the ERM Council, for decision-making.
2	Address the technical issues preventing enforcement of security and privacy training compliance.
1	Implement process improvements to ensure prompt notification and removal of user network accounts on or before the user's separation date.
4	We recommend the Under Secretary for Management, as chair of the Biometric Capabilities Executive Steering Committee, ensure the committee coordinates efforts to develop a transition plan to integrate U.S. Customs and Border Protection's Biometric Entry-Exit system with the Office of Biometric Identity Management's Homeland Advanced Recognition Technology system.
3	We recommend the Under Secretary for the Office of Strategy, Policy, and Plans, in collaboration with key stakeholders, develop and implement a department-wide policy for the collection and use of all biometric modalities.
3	We recommend the Under Secretary for the Office of Strategy, Policy, and Plans, in collaboration with key stakeholders, develop and implement a department-wide policy for the collection and use of all biometric modalities.
1	We recommend the Under Secretary for the Office of Strategy, Policy, and Plans update and finalize the DHS biometric strategic plan.
01	VA's assistant secretary for management and chief financial officer ensure that Veterans Health Administration fiscal staff are trained on VA financial policy requirements for the preparation and approval of journal vouchers (including expenditure transfers).
10	Implement procedures to review and reconcile SCORE's achievements reported in its quarterly performance reports to the performance results in the Entrepreneurial Development Management Information System (EDMIS) to ensure performance results are accurate and complete.
3	Establish a written agreement for reporting loan data with Experian and other major commercial credit reporting agencies, as applicable.
2	Establish communication protocols with Experian to address, resolve, and monitor commercial credit reporting issues.
1	Coordinate with Experian to ensure SBA commercial loan data is reported in a manner that can be included in the credit reporting agency's commercial credit files.
3	We recommend the Under Secretary for Management require Coast Guard's Nationwide Automatic Identification System program to implement an effective corrective action plan to identify (1) the root cause of the performance deficiencies and (2) the steps needed to meet the performance measure baselines identified in the Acquisition Program Baseline.
2	We recommend the Under Secretary for Management issue an instruction manual for conducting an operational analysis.
1	We recommend the Under Secretary for Management require the Office of the Chief Information Officer, in consultation with the Office of the Chief Financial Officer, Cost Analysis Division, to issue an approved Operational Analysis Guidebook, to include, at a minimum: • Office of Management and Budget Circular No. A-11 guidance for components to conduct an operational analysis for information technology and non-information technology systems; and • The most current life cycle cost estimate document as the cost baseline for assessing system cost performance.
10	The VA medical center director implement media sanitization methods in accordance with VA policy requirements.
09	The VA medical center director validate that appropriate physical and environmental security measures are implemented and functioning as intended.
08	The VA medical center director ensure that hot and cold aisles in computer rooms, and electric and data cables are installed in accordance with VA standards.

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07	The VA medical center director install uninterruptible power supplies to eliminate single points of electrical failure supporting the facility.
04	The assistant secretary for information and technology and chief information officer include system personnel during the security categorization process to ensure that all necessary information types are considered when determining the security categorization for special-purpose systems.
03	The assistant secretary for information and technology and chief information officer develop and approve an authorization to operate for the special-purpose system.
02	The assistant secretary for information and technology and chief information officer improve vulnerability management processes to ensure system changes occur within organization timelines.
4	Develop and implement a process to communicate travel policy and requirement updates to staff in a periodic manner.
3	Develop and implement training that ensures all staff and approving officials are aware of their roles, responsibilities, and requirements for the travel process.
2	Develop and implement procedures to ensure that travel vouchers are submitted within five business days upon return from travel.
1	Develop and implement procedures to ensure that travelers have complied with all pre-travel training requirements.
5	We recommend the Architect of the Capitol ensure that it uses the contractual markups when preparing Independent Government Estimates to ensure that the resulting price is consistent with the costs allowed under the contract and avoids overpayment (Funds Put to Better Use \$17,199).
4	We recommend the Architect of the Capitol review the insufficiently supported questioned costs identified within the Russell Stone Exterior Envelope Repair and Restoration (\$66,449) and the Thurgood Marshall Federal Judiciary Building Administrative Office Space Realignments (\$18,968) projects to determine if the costs are supported and allowable; for any of the costs deemed unsupported and/or unallowable, recover the costs to the extent legally and administratively possible; as applicable, recover any additional amounts resulting from the application of items such as overhead and profits to the unallowable costs.
3	We recommend the Architect of the Capitol (AOC) evaluate the \$288 in questioned costs for duplicative overhead costs awarded as direct costs for the Russell Stone Exterior Envelope Repair and Restoration. The AOC should recover any erroneously awarded costs to the extent legally and administratively possible.
2	We recommend the Architect of the Capitol (AOC) evaluate the \$2,320 in questioned costs related to improper application of markups for the following projects: • Russell Stone Exterior Envelope Repair and Restoration \$2,105 - contractor's improper application of overhead and profit markups to first-tier subcontractor work. • Thurgood Marshall Federal Judiciary Building Administrative Office Space Realignments \$215 - 1st tier subcontractor's improper application of markups on a 2nd tier subcontractor. The AOC should recover any erroneously awarded costs to the extent legally and administratively possible.
1	We recommend the Architect of the Capitol review its potential change order (PCO) notification criteria and implement the following: • Ensure that any diagrams or flowcharts referencing the criteria for PCO notification forms are consistent with the criteria outlined in the Planning and Project Management Memorandum (PPM Memo). • Ensure the criteria in any PCO notification form templates are consistent with the criteria outlined in the PPM Memo.
08	The associate executive director of the VA National Acquisition Center require contracting staff at the National Acquisition Center to conduct a covered drug check for all of a manufacturer's drugs when any pharmaceutical Federal Supply Schedule proposal or product addition modification is submitted.
07	The associate executive director of the VA National Acquisition Center, in conjunction with the chief consultant at VA Pharmacy Benefits Management Services engage with the Food and Drug Administration to ensure that when manufacturers request new national drug codes, they are made aware of the public law requirements.
06	The associate executive director of the VA National Acquisition Center, in conjunction with the chief consultant at VA Pharmacy Benefits Management Services request that noncompliant manufacturers identified by the Office of Inspector General conduct a self-audit and submit their findings for remediation.
05	The associate executive director of the VA National Acquisition Center, in conjunction with the chief consultant at VA Pharmacy Benefits Management Services develop a procedure to monitor covered drugs identified in this report as newly launched to ensure they have an established ceiling price, and make certain they are made available on the Federal Supply Schedule at the end of the 75-day period.
04	The associate executive director of the VA National Acquisition Center, in conjunction with the chief consultant at VA Pharmacy Benefits Management Services establish a procedure for monitoring covered drugs identified in this report as not commercially sold.
03	The associate executive director of the VA National Acquisition Center, in conjunction with the chief consultant at VA Pharmacy Benefits Management Services formalize the internal process for granting exemptions.

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02	The associate executive director of the VA National Acquisition Center, in conjunction with the chief consultant at VA Pharmacy Benefits Management Services formalize and communicate the process for manufacturers to request exemptions.
01	The associate executive director of the VA National Acquisition Center, in conjunction with the chief consultant at VA Pharmacy Benefits Management Services issue guidance clarifying that allergens are exempt from the public law and include how the determination was reached.
7	The Bureau of Information Services should perform a physical inventory of information technology hardware and update the agency's official fixed asset inventory system.
3	We recommend the Homeland Security Investigations Assistant Director of Administrative Operations develop and implement guidance for program offices to require the use of Significant Case Report data, where applicable, in their annual resource requests to Congress.
2	We recommend the Homeland Security Investigations Executive Associate Director implement data validation processes to ensure accurate reporting of disruptions and dismantlements of transnational criminal organizations.
1	We recommend the Homeland Security Investigations Executive Associate Director require special agents to identify in the Investigative Case Management system whether each Significant Case Report submission involves an entity that meets HSI's definition of a transnational criminal organization.
2	We recommend the DHS Chief Privacy Officer ensure DHS component systems that use and provide data to HART have current and up-to-date Privacy Impact Assessments.
1	We recommend the DHS Chief Privacy Officer work with the HART program office to monitor and close recommendations made in the HART Increment 1 Privacy Impact Assessment.
D-2023-0123-D000AX-0001-0001	Rec. 1: The DoD OIG recommended that the Under Secretary of Defense for Acquisition and Sustainment require the Services, in coordination with the Defense Logistics Agency, to conduct an in-depth review of their respective spare parts forecasting process for Defense Logistics Agency-managed items. The review should evaluate the number and value of items forecasted, resources involved in the forecasting and collaboration processes, and the accuracy of the forecasts. The review should also determine how the Services can improve the process and establish a plan of action with milestones with specific areas for improvement to address the deficiencies identified in this report.
D-2023-0123-D000AX-0001-0001.f	Rec. 1.f: The DoD OIG recommended that the Under Secretary of Defense for Acquisition and Sustainment require the Services, in coordination with the Defense Logistics Agency, to conduct an in-depth review of their respective spare parts forecasting process for Defense Logistics Agency-managed items. The review should also determine how the Services can improve the process and establish a plan of action with milestones with specific areas for improvement in requiring the Services to coordinate with the Under Secretary of Defense for Acquisition and Sustainment and the Defense Logistics Agency to determine whether their spare parts forecasts add value to the Defense Logistics Agency's demand planning and purchase decisions and whether corrective actions are improving accuracy rates. The Services and the Defense Logistics Agency should consider removal of specific items from collaboration if the forecast accuracy rate cannot be improved or while forecast accuracy improvement plans are being implemented. The Services should justify keeping items with continuously low accuracy rates in the collaboration category and maintain a supporting audit trail.
D-2023-0123-D000AX-0001-0001.e	Rec. 1.e: The DoD OIG recommended that the Under Secretary of Defense for Acquisition and Sustainment require the Services, in coordination with the Defense Logistics Agency, to conduct an in-depth review of their respective spare parts forecasting process for Defense Logistics Agency-managed items. The review should also determine how the Services can improve the process and establish a plan of action with milestones with specific areas for improvement in establishing guidance and providing recurring training to depot personnel on the process for evaluating the accuracy of spare parts forecasts and the level of research and information required to justify forecasts during monthly collaboration with the Defense Logistics Agency.
D-2023-0123-D000AX-0001-0001.d	Rec. 1.d: The DoD OIG recommended that the Under Secretary of Defense for Acquisition and Sustainment require the Services, in coordination with the Defense Logistics Agency, to conduct an in-depth review of their respective spare parts forecasting process for Defense Logistics Agency-managed items. The review should also determine how the Services can improve the process and establish a plan of action with milestones with specific areas for improvement in establishing procedures for identifying, tracking, and analyzing the primary causes of inaccurate spare parts forecasts and using the data to improve the accuracy of future forecasts.
D-2023-0123-D000AX-0001-0001.c	Rec. 1.c: The DoD OIG recommended that the Under Secretary of Defense for Acquisition and Sustainment require the Services, in coordination with the Defense Logistics Agency, to conduct an in-depth review of their respective spare parts forecasting process for Defense Logistics Agency-managed items. The review should also determine how the Services can improve the process and establish a plan of action with milestones with specific areas for improvement in establishing procedures and controls for monitoring spare parts forecast accuracy.
D-2023-0123-D000AX-0001-0001.b	Rec. 1.b: The DoD OIG recommended that the Under Secretary of Defense for Acquisition and Sustainment require the Services, in coordination with the Defense Logistics Agency, to conduct an in-depth review of their respective spare parts forecasting process for Defense Logistics Agency-managed items. The review should also determine how the Services can improve the process and establish a plan of action with milestones with specific areas for improvement in developing metrics and goals to measure spare parts forecast accuracy.

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D-2023-0123-D000AX-0001-0001.a	Rec. 1.a: The DoD OIG recommended that the Under Secretary of Defense for Acquisition and Sustainment require the Services, in coordination with the Defense Logistics Agency, to conduct an in-depth review of their respective spare parts forecasting process for Defense Logistics Agency-managed items. The review should also determine how the Services can improve the process and establish a plan of action with milestones with specific areas for improvement in determining whether the Services' information systems accurately calculate the spare parts forecasts as intended and can maintain an audit trail to support the forecasts.
8	Ensure the Caroline facility medical staff are using the most current treatment guidance for chronic illnesses.
7	Ensure compliance with standards for kitchen cleanliness and inventory control, including that: • kitchen workers with facial hair wear beard guards when working in the food preparation or serving areas, • inventory control processes are in place to discard spoiled or expired food, and • a standard operating procedure exists for clearly labeling food expiration dates.
6	Ensure the posting of all required information, including:
5	Ensure ICE personnel provide frequent opportunities for informal contact with detainees by adhering to the weekly visitation schedule posted in the housing units and by recording their visits in the appropriate logs.
4	Ensure detainee detention files include all submitted requests.
3	Ensure that all detainee grievances receive responses within the required 5 days and the grievances log is accurate.
2	Assess whether a sufficient pool of interested voluntary work program participants exists to accomplish facility needs, without detainees working more than 8 hours per day and 40 hours per week, and ensure participants work according to a schedule that does not interfere with required activities.
1	Ensure timely dental care for advanced procedures is provided to detainees.
APJ2211-2314 (8)	We recommend that CPB require NewsHour to identify the corrective actions it will take to ensure future compliance with final financial reporting requirements.
APJ2211-2314 (7)	We recommend that CPB require NewsHour to provide the required reports directly to CPB.
APJ2211-2314 (6)	We recommend that CPB require NewsHour to identify its corrective actions to ensure future compliance with ancillary revenues reporting requirements.
APJ2211-2314 (5)	We recommend that CPB require NewsHour to submit the required ancillary revenue reports to CPB.
APJ2211-2314 (4)	We recommend CPB add a requirement to CPB's production grant proposal requirements that the use of rate cards must be approved in advance by CPB, the rate card methodology must be documented and shared with CPB as part of its budget documentation, and the various rates for manpower services, facilities, and equipment must be traceable to the grantee's official accounting records to supports its actual costs.
APJ2211-2314 (3)	We recommend CPB require NewsHour to identify the corrective actions to ensure its future compliance with CPB grant requirements.
APJ2211-2314 (2)	We recommend CPB enforce existing grant requirements that grantees must keep books, records, and general ledger accounts related to the grant sufficient to enable CPB to verify all direct costs, overhead, and other administrative allocations (e.g., production rate cards for various manpower job positions, facilities, and equipment) used by the grantee to report its actual costs to CPB that are traceable to the grantees official accounting records.
APJ2211-2314 (1)	We recommend CPB recover \$227,041 in questioned costs from NewsHour, (\$107,333 paid directly from CPB and \$119,708 paid from PBS with CPB NPS grant funds).
01	The Director evaluates and determines any additional reasons for noncompliance and ensures leaders conduct institutional disclosures for applicable sentinel events.
1	Update and implement the Enterprise Risk Management program, including applicable policies and procedures, to align with the new requirements outlined in the NIST SP 800-53, Rev. 5, Security and Privacy Controls for Information Systems and Organizations, dated September 23, 2020.
D-2023-0117-D000RH-0001-0001.b	Rec. 1.b: The DoD OIG recommended that the Commander, 409th Contracting Support Brigade implement requirements from the 409th Contracting Support Brigade Quality Assurance Plan for tracking completion of Contracting Officer's Representative monthly surveillance, and ensuring Quality Assurance Specialist personnel review and approve Contracting Officer's Representative monthly surveillance reports.
D-2023-0117-D000RH-0001-0001.a	Rec. 1.a: The DoD OIG recommended that the Commander, 409th Contracting Support Brigade develop and implement a process to continuously track Contracting Officer's Representative coverage for all Logistics Civil Augmentation Program V services in the U.S. European Command and designate Contracting Officer's Representatives, as applicable.
23-E-01-040.02	FDA should determine whether variation in inspection activity on the basis of neighborhoods' socioeconomic status is appropriate and the extent to which it is meeting FDA's objective for protecting vulnerable populations.

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23-E-01-040.01	FDA should give greater weight to retailers' past noncompliance when taking enforcement actions against retailers with histories of violations.
2	USAID/Bangladesh verify that WorldFish corrects the three instances of material noncompliance detailed on pages 57 to 60, 54, and 61 of the audit report.
1	USAID/Bangladesh determine the allowability of \$221,488 in questioned costs (\$139,329 ineligible and \$82,159 unsupported) on pages 24 and 25 of the audit report and recover any amount that is unallowable.
1	USAID/Pakistan determine the allowability of \$4,311,815 in ineligible questioned costs detailed on pages 19 to 27 and 29 to 30 of the audit report and recover any amount that is unallowable.
5	Oversee a data integrity review at the El Paso M-CPC and ESF for a sampling (from at least 1 month of data) of detainee custody logs to verify that the information recorded is accurate and implement quality assurance mechanisms to monitor data integrity.
4	Establish and follow regularly scheduled mealtimes at Santa Teresa station.
3	Review the processes at the El Paso M-CPC to ensure compliance with standards related to providing showers and hygiene products, managing property, and maintaining the cleanliness of holding cells when the facility is over capacity.
2	Review sector-wide staffing levels, determine staffing requirements, and develop and implement additional strategies for staffing temporary processing facilities during migrant surges.
1	Develop additional strategies and solutions to manage delays in detainee transfers to partners and implement these improvements throughout the El Paso sector when the holding facilities in the sector are over capacity.
1	We recommend that USAID's Office of Acquisition and Assistance, Cost, Audit and Support Division determine the allowability verify that Stichting SNV Nederlandse Ontwikkelingsorganisatie corrects the instances of material noncompliance detailed on page 27 of the audit report.
14	The South Texas Veterans Health Care System Director makes certain that the Suicide Prevention Program ensures full implementation of the Behavioral Health Autopsy Program as required by the Veterans Health Administration.
13	The Veterans Crisis Line Director strengthens processes to ensure discontinuation of caring letters in a timely manner following notification of a patient's death.
12	The South Texas Veterans Health Care System Director ensures that staff adheres to the January 2022 standard operating procedures for administrative and clinical actions following a patient's or employee's death by suicide.
11	The South Texas Veterans Health Care System Director ensures that processes are established for timely death notification entry in patients' electronic health records.
10	The Veterans Crisis Line Director clarifies and strengthens procedures for complaint submission, provides staff training, ensures consistency with the Veterans Health Administration directive, and monitors compliance.
09	The Veterans Crisis Line Director conducts a review of the interactions between the Director, Quality and Training, and staff in preparation and during the Office of Inspector General healthcare inspection, educates staff on the importance of fully cooperating, responding in an open and transparent manner, and avoiding any appearance of coordination between employees, and take actions as warranted.
08	The Veterans Crisis Line Director monitors compliance with the submission and oversight of notification of a customer's death, including timely submission of a suicide prevention coordinator consult.
07	The Veterans Crisis Line Director conducts a full review of the patient's text contact, determines whether an institutional disclosure is warranted, and takes action as indicated.
06	The Veterans Crisis Line Director identifies criteria for immediate internal reviews of customers' deaths by suicide and accidental overdose to identify crisis management and administrative performance improvement actions.
05	The Veterans Crisis Line Director ensures issue briefs accurately reflect the action plan.
04	The Veterans Crisis Line Director confirms the retention of crisis management text conversations and establishes supervisory oversight protocols.
03	The Veterans Crisis Line Director ensures and strengthens the quality management oversight of staff who provide crisis management services, including overtime coverage.
02	The Veterans Crisis Line Director expedites the alignment of the Medora documentation template with the VA and Department of Defense Clinical Practice Guideline and Veterans Crisis Line guidelines for suicide risk assessment classification levels.
01	The Veterans Crisis Line Director conducts a full review of the Veterans Crisis Line staff's management of the patient and third-party contacts, consults with Human Resources and General Counsel Offices, and takes actions as warranted.

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06	The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures staff attempt weekly follow-up until mental health care is established for patients determined as intermediate or high-acute or chronic risk of suicide on the Comprehensive Suicide Risk Evaluation who are discharged home from the Emergency Department.
05	The Chief of Staff and Associate Director, Patient Care Services/Nurse Executive evaluate and determine any additional reasons for noncompliance and ensure staff minimize risks of patients' self-harm in the mental health inpatient unit.
02	The Chief of Staff evaluates reasons for noncompliance and ensures the Peer Review Committee recommends improvement actions for all final Level 3 peer reviews.
01	The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures peer reviewers consistently document at least one of the nine aspects of care for Level 3 peer reviews.
3	The Country Director ensures that all staff take the annual Emergency Action Plan refresher training, in accordance with Safety and Security Instruction 101.
2	The Peace Corps Medical Officers work with the Country Director and Director of Management and Operations to plan and conduct medical facility and provider visits so that each one listed in the Medical Action Plan is assessed at least once every 3 years, in accordance with Technical Guideline 204.
05	Develop and implement monitoring processes—to include veteran waivers, compliance surveys, and completeness of electronic folders—to provide Veteran Readiness and Employment Service reasonable assurance that Chapter 31-only schools and training programs are used as intended by law and regulations.
04	Coordinate with appropriate officials to determine whether the existing manual guidance for compliance surveys meets the requirements of 38 United States Code § 3693 as it applies to Chapter 31-only schools and training programs, and if necessary, update the manual and train appropriate Veteran Readiness and Employment Service regional office staff accordingly.
03	Train all appropriate Veteran Readiness and Employment Service regional office staff to ensure waivers are obtained for each veteran with the required documentation in accordance with the manual before approval to attend a Chapter 31-only school or training program.
17	NEA should review any additional support documentation for \$127,241 in unsupported costs with potential refunds due – \$126,469 for the 2017 Partnership award and \$772 for the 2019 Travel award – then determine allowability and whether a refund is due.
16	NEA should revise its Partnership reporting guidance to reflect that subrecipient cost shares are not third-party in-kind contributions.
15	NEA should disallow \$1,509,575 in unallowable Partnership costs – \$1,062,567 from the 2017 Partnership award and \$447,008 from the 2018 Partnership award – and determine whether a refund is due.
14	NEA should review any additional support provided for the \$17,798 in unsupported 2017 International award costs, then determine allowability and whether a refund is due.
13	NEA should disallow \$5,257 in unallowable subrecipient cost from the 2017 International award.
12	NEA should disallow \$223,149 in Discretionary Grant costs – \$119,523 from the 2017 Partnership award, and \$103,626 from the 2018 Partnership award – and determine whether a refund is due.
11	WESTAF should ensure employees responsible for implementing various Federal award management procedures are trained on the relevant Federal award requirements.
10	WESTAF should enforce its control monitoring policy by documenting procedures for conducting annual reviews of its award management procedures and implementing controls to ensure the reviews are conducted.
9	WESTAF should document and implement procedures and controls that verify potential vendors are not suspended or debarred from participating in Federal programs.
8	WESTAF should document and implement procurement procedures that comply with Federal award requirements.
7	WESTAF should document and implement procedures and controls that enforce its record retention policy.
6	WESTAF should update its Federal Financial Reports (FFR) reporting procedures to ensure only allowable costs and third-party inkind contributions are reported.
5	WESTAF should document and implement procedures and controls that ensure prompt and accurate compliance with Federal Funding Accountability and Transparency Act (FFATA) requirements.
4	WESTAF should document and implement alternative subaward monitoring procedures and controls for its non-standard subaward programs, or establish controls over its revised standard subaward monitoring procedures to ensure they apply to all subaward programs.
3	WESTAF should document and implement subawarding procedures and controls for its Discretionary Grants program that meet Federal subawarding and internal control requirements.

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2	WESTAF should update its subawarding procedures and controls to ensure subrecipients are properly informed of award participation and total funding amounts.
1	WESTAF should document and implement procedures and controls that ensure potential subrecipients are assessed for risk of noncompliance with Federal subaward requirements, and monitoring procedures are adjusted accordingly.
2. OIG-23-08 Recommendation	Validate that the onboarding workflow is working properly between SharePoint and LAMP to ensure that new employees and contractors are completing the NCUA Rules of Behavior timely upon onboarding.
1. OIG-23-08 Recommendation	Document and implement a process to validate that server policies and/or related automated scripts are configured and running as desired when introducing a new server to the NCUA information technology environment.
D-2023-2122-DEV0SI-0001-0004	Rec. 4: The DoD OIG recommended that the Under Secretary of Defense for Policy update DoD Directive 5230.11, "Disclosure of Classified Military Information to Foreign Governments and International Organizations," June 16, 1992, with current policy, responsibilities, and procedures governing proposed disclosures of classified military information to foreign governments and international organizations.
D-2023-2122-DEV0SI-0001-0003	Rec. 3: Recommendation is Classified.
D-2023-2122-DEV0SI-0001-0002	Rec. 2: Recommendation is Classified.
D-2023-2122-DEV0SI-0001-0001	Rec. 1: Recommendation is Classified.
2	Incorporate the recommended changes into the final policy: a. Correspondence Files. b. Contract close-out process.
1	Finalize the draft contract file management policy.
14	Ensure risk mitigation strategies identified for the economic inclusion-related Enterprise Risk Management Risk Inventory item clearly address and effectively reduce risks related to implementing strategic objectives, effective controls, and responsive programs to promote economic inclusion.
13	Develop clear guidance on running business reports out of Community Affairs Reporting and Events System, including the use of filters.
12	Conduct a feasibility study for expanding the language availability for FDIC economic inclusion outreach products.
11	Develop a mechanism to help identify whether the FDIC needs to reallocate resources for economic inclusion initiatives to meet Economic Inclusion Strategic Plan goals and objectives.
10	Develop procedures governing when to form or dissolve an Alliance for Economic Inclusion and for monitoring Alliances for Economic Inclusion to ensure the FDIC aligns Alliances for Economic Inclusion to geographical areas with the highest consumer needs or other factors that contribute to the achievement of Economic Inclusion Strategic Plan goals and objectives.
9	Develop or use an existing tracking system to measure internal staffing costs related to individual economic inclusion programs and initiatives.
8	Align the Economic Inclusion Strategic Plan with the policy and guidance developed in response to Recommendation 7.
7	Coordinate with the Division of Finance to develop and implement formal policy and guidance for the formulation of discretionary strategic plans that are consistent with strategic planning best practices from the Office of Management and Budget, the Government Accountability Office, and other organizations identified in this report.
6	Develop and implement consistent assessment and progress reporting for all Economic Inclusion Strategic Plan goals and objectives, and ensure that the expressed intent of annual FDIC Performance Goals related to economic inclusion matches the goals and objectives articulated in the Economic Inclusion Strategic Plan.
5	Clearly identify and describe strategies to achieve the desired goals in the FDIC's future Economic Inclusion Strategic Plans.
4	Review Executive Orders related to advancing equity and improving economic opportunities in specific communities to identify and consider best practices that can be incorporated into the FDIC's future economic inclusion strategic planning efforts.
3	Identify and describe internal and external stakeholder coordination and collaboration efforts, including inputs, responsibilities, and expected contributions in the FDIC's future Economic Inclusion Strategic Plans.
2	Resume the Bank survey, or implement another mechanism, to obtain the perspectives of banks, including bank efforts to address primary reasons cited by households for being unbanked, and data related to the Federal Deposit Insurance Reform Conforming Amendments Act of 2005 questions. Data obtained should be leveraged to inform the development of the FDIC's future economic inclusion strategic planning efforts.

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1	In developing future Economic Inclusion Strategic Plans, perform an environmental scan of the current economic inclusion landscape. The environmental scan should include external resources, such as national partners and banks, to identify and understand trends in banking services and technology solutions that may affect the FDIC's economic inclusion goals.
05	The Chief of Staff evaluates and determines additional reasons for noncompliance and ensures staff complete Comprehensive Suicide Risk Evaluations.
04	The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures the Medical Executive Committee considers professional practice evaluation results in decisions to recommend privileges.
03	The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures service chiefs' reprivileging recommendations are based, in part, on Ongoing Professional Practice Evaluation activities.
02	The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures service chiefs incorporate service-specific criteria in Ongoing Professional Practice Evaluations of licensed independent practitioners.
01	The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures providers with equivalent specialized training and similar privileges complete professional practice evaluations of licensed independent practitioners.
23-A-07-116.02	We recommend that Amerigroup Iowa, Inc., coordinate with the State agency to review and update its prior authorization process to improve communication with providers and thereby avoid or minimize delays that prevent members from receiving needed medical services.
23-A-07-116.01	We recommend that Amerigroup Iowa, Inc., coordinate with the State agency to improve its prior authorization and appeal processes to ensure that members receive correct information regarding prior authorizations, the appeal process, and State fair hearing rights, procedures, and timeframes.
2	We recommend that USAID's Office of Acquisition and Assistance, Cost, Audit and Support Division verify that People In Need corrects the two instances of material noncompliance detailed on pages 52 to 55 of the audit report.
1	We recommend that USAID's Office of Acquisition and Assistance, Cost, Audit and Support Division determine the allowability of \$101,850 in questioned costs (\$101,850 unsupported) on page 20 of the audit report and recover any amount that is unallowable.
04	The under secretary for health to develop a mechanism to notify schedulers when it is appropriate to consider wait-time eligibility for community care regardless of which scheduling system schedulers are using.
03	The under secretary for health to develop an oversight process to verify that schedulers are using the correct dates to calculate wait-time eligibility for community care.
02	The under secretary for health to make sure the Office of Integrated Veteran Care provides ongoing oversight to ensure all facilities are using nationally approved scheduling tools.
01	The under secretary for health to make sure all scheduling guidance and other materials correctly refer to the date that should be used to determine wait-time eligibility for community care.
1-1	The Chief of the Treasury Office of Recovery Programs works with the OIG to ensure that the ASG Treasurer returns to Treasury the \$1.5 million of CRF proceeds that were used to purchase the MV Pago Pago in violation of subsection 601(d) of the Social Security Act, as amended (42 U.S.C. 801(d)), as well as Treasury's Guidance and FAQs. To the extent funds are not returned, Treasury OIG will seek recoupment under its authority assigned by the CARES Act.
1-1	The Chief of the Treasury Office of Recovery Programs works with the OIG to ensure that the ASG Treasurer returns to Treasury the \$1.5 million of CRF proceeds that were used to purchase the MV Pago Pago in violation of subsection 601(d) of the Social Security Act, as amended (42 U.S.C. 801(d)), as well as Treasury's Guidance and FAQs. To the extent funds are not returned, Treasury OIG will seek recoupment under its authority assigned by the CARES Act.
23-A-07-115.01	We recommend that Novitas Solutions, Inc., work with CMS to ensure that its final settlement of contract costs reflects a decrease in Medicare nonqualified costs of \$84,291 for CYs 2016 through 2018.
23-A-04-114.02	We recommend that the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services work with CMS to determine whether the other claims for multiple-source physician-administered drugs, totaling \$5,967,128 (\$4,281,678 Federal share), were eligible for rebates and, if so, determine the rebates due and, upon receipt of the rebates, refund the Federal share of the rebates collected.
23-A-04-114.04	We recommend that the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services ensure that all physician-administered drugs eligible for rebates after our audit period are processed for rebates.
23-A-04-114.03	We recommend that the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services strengthen its internal controls to ensure that all eligible physician-administered drugs are invoiced for rebate.

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23-A-04-114.01	We recommend that the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services file invoices for and collect from manufacturers rebates totaling \$15,611,770 (\$11,209,642 Federal share) for single-source and top-20 multiple-source physician-administered drugs and refund the Federal share of rebates collected.
D-2023-2099-DEV0PA-0001-0001	Rec. 1: The DoD OIG recommended that the Under Secretary of Defense for Policy, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement formal procedures that include roles and responsibilities for assessing the cumulative impact of presidential drawdowns on the current and long-term readiness posture across the DoD.
2	We recommend the Manager, Magnolia Combined Cycle Plant, complete the planned over-hiring of additional staff.
1	We recommend the Manager, Magnolia Combined Cycle Plant, take steps to improve the completeness of work packages.
23-A-02-111.02	We recommend that the Substance Abuse and Mental Health Services Administration improve its policies and procedures for monitoring CCBHC-E grants to ensure that clinics comply with Federal requirements by establishing processes to verify that clinics filled key personnel positions, ensured key personnel met level-of-effort requirements, timely submitted FFRs, and properly reported cash on hand.
23-A-02-111.01	We recommend that the Substance Abuse and Mental Health Services Administration improve its policies and procedures for awarding CCBHC-E grants to ensure that clinics comply with Federal requirements by establishing required time frames to verify that clinics met certification eligibility requirements, and processes to verify whether clinics entered into agreements with DCOs to provide certain services.
23-A-05-113.01	We recommend that the Texas Health and Human Services Commission resume and enhance procedures that are in accordance with Federal requirements and the State's unwinding process to identify and disenroll enrollees who are residing and enrolled in Medicaid managed care in another State.
23-A-05-113.02	We recommend that the Texas Health and Human Services Commission work with CMS to consider the potential use of T-MSIS data to identify potential cases of concurrent enrollment.
23-A-02-112.02	We recommend that the Puerto Rico Department of Health identify capitation payments made on behalf of enrollees with a date of death in the DMF before the month covered by the capitation payments, estimated as \$885,123 in Federal Medicaid funds, and refund to the Federal Government the Federal share of any unallowable payment.
23-A-02-112.04	We recommend that the Puerto Rico Department of Health develop written policies and procedures to ensure that DOH staff periodically update, at least monthly, DOH's eligibility system with data on deaths recorded in the Puerto Rico Demographic Registry.
23-A-02-112.06	We recommend that the Puerto Rico Department of Health establish a process with ASES to ensure ASES ceases making payments to MCOs on behalf of enrollees after their deaths are recorded in DOH's eligibility system and recoups unallowable payments made on behalf of deceased enrollees.
23-A-02-112.01	We recommend that the Puerto Rico Department of Health refund \$6,979,822 to the Federal Government.
23-A-02-112.03	We recommend that the Puerto Rico Department of Health identify capitation payments made after the audit period on behalf of deceased enrollees and refund to the Federal Government the Federal share of any unallowable payments.
23-A-02-112.05	We recommend that the Puerto Rico Department of Health develop written policies and procedures to use sources other than the Puerto Rico Demographic Registry to identify deceased enrollees.
5	Bureau for Asia coordinate with USAID/Regional Development Mission for Asia, USAID/Central Asia Regional, and USAID/Philippines, Pacific Islands, and Mongolia to develop and implement an action plan to bring each mission's monitoring and enforcement practices for acquisition and assistance awards into compliance with trafficking in persons regulations, policies, and procedures.
4	Bureau for Asia coordinate with USAID/Regional Development Mission for Asia, USAID/Central Asia Regional, and USAID/Philippines, Pacific Islands, and Mongolia to review and revise each mission's mission orders to incorporate guidance on designating C-TIP Coordinators, assigning responsibilities, and using C-TIP Coordinators. As part of this review, each mission should (1) designate C-TIP Coordinator(s) in its mission orders and (2) insert C-TIP Coordinator responsibilities into the position descriptions and annual work objectives for designated C-TIP Coordinators.
3	Bureau for Asia coordinate with USAID/Regional Development Mission for Asia, USAID/Central Asia Regional, and USAID/Philippines, Pacific Islands, and Mongolia to review and revise each mission's procedures to incorporate guidance on integrating C-TIP during strategy, project, and activity design.
2	Deputy Administrator for Management and Resources coordinate with the Bureau for Policy, Planning, and Learning and the Office of Acquisition and Assistance to develop and implement an action plan to clarify guidance and improve training for Contracting and Agreement Officers and Contracting and Agreement Officer Representatives on their roles and responsibilities for monitoring and enforcing implementer compliance with trafficking in persons requirements in acquisition and assistance awards.

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1	Deputy Administrator for Policy and Programming coordinate with regional bureaus and the Center for Democracy, Human Rights, and Governance to develop and implement an action plan to improve guidance and training for missions on implementing C-TIP Policy programming objectives and using C-TIP Coordinators. This plan should include incorporating current C-TIP Policy programming objectives into the C-TIP Field Guide, developing training for mission C-TIP Coordinators, improving availability and awareness of survivor engagement training for missions, and assessing opportunities to strengthen C-TIP standard indicators in coordination with missions and the State Department.
2	Verify that Institut Panos corrects the two instances of material noncompliance detailed on page 26 of the audit report.
1	Verify that Institut Panos corrects the four material weaknesses in internal control detailed on page 19 of the audit report.
1	For future Compassionate And REsponsive Service Plan initiatives, SSA should establish and document metrics to measure a direct impact on the hearings backlog and average processing time.
23-A-09-110.03	We recommend that the Centers for Disease Control and Prevention complete the development and implementation of internal written policies and procedures for VFC program oversight activities, including oversight of program recipients' site visits to ensure that requirements are met.
23-A-09-110.04	We recommend that the Centers for Disease Control and Prevention update its Provider Education, Assessment, and Reporting online system to include interactive reminders or alerts related to overdue site visits and followup actions.
23-A-09-110.01	We recommend that the Centers for Disease Control and Prevention work with program recipients to implement a plan and timeline to: (1) conduct the required site visits that are overdue and (2) verify the completion of followup actions that had not been completed by the deadlines.
23-A-09-110.02	We recommend that the Centers for Disease Control and Prevention develop an action plan to enforce site visit requirements by CDC's planned date of July 1, 2023.
23-A-09-108.01	We recommend that the Centers for Medicare & Medicaid Services direct the MACs to recover from acute-care hospitals the portion of the \$41,401,244 in identified overpayments for our audit period that are within the 4-year reopening period in accordance with CMS's policies and procedures.
23-A-09-108.02	We recommend that the Centers for Medicare & Medicaid Services instruct the MACs to, based on the results of this audit, notify appropriate providers (i.e., those for whom CMS determines this audit constitutes credible information of potential overpayments) so that the providers can exercise reasonable diligence to identify, report, and return any overpayments in accordance with the 60-day rule and identify any of those returned overpayments as having been made in accordance with this recommendation.
23-A-02-109.02	We recommend that the Puerto Rico Department of Health strengthen its process for ensuring that no person is issued more than one identification number.
23-A-02-109.01	We recommend that the Puerto Rico Department of Health refund \$516,762 to the Federal Government.
23-A-02-109.03	We recommend that the Puerto Rico Department of Health establish policies and procedures with the Puerto Rico Health Insurance Administration (referred to in Spanish with acronym ASES) to ensure ASES recovers unallowable payments made on behalf of enrollees assigned more than one identification number.
23-A-04-107.01	We recommend that ACF develop mitigating controls and strategies to lower the high and moderate risks we identified.
05	The under secretary for benefits update VA's Adjudication Procedures Manual to clearly state that all the requirements of 38 C.F.R. § 3.317 must be met to award benefits. Clarify and reiterate instructions to claims processors that benefits should only be awarded after taking into consideration the overall evidence of record.
04	The under secretary for benefits implement a plan to incorporate into the appropriate medical disability benefits questionnaires the diagnostic criteria for functional gastrointestinal disorders from 38 C.F.R. § 3.317 and require examiners to provide an explanation of whether the disorder is functional or structural. This should include a requirement that any necessary testing has been completed before examiners diagnose specific functional gastrointestinal disorders.
03	The under secretary for benefits implement a plan to incorporate into the Gulf War general medical disability benefits questionnaires the clinical requirements listed in 38 C.F.R. § 3.317 for an undiagnosed illness and a medically unexplained illness.
02	The under secretary for benefits implement a plan to update the Gulf War general medical examination disability benefits questionnaire to add the definitional requirements for medically unexplained illness as outlined in 38 C.F.R. § 3.317.
01	The under secretary for benefits update the instructions provided to examiners for completing Gulf War general medical examinations to add the definitional requirements for medically unexplained illness as outlined in 38 C.F.R. § 3.317 and clarify the instructions and related procedures to reflect that an examiner's determination that a disability pattern is an undiagnosed illness or a medically unexplained illness requires a written explanation.

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D-2023-0120-D000AW-0002-0001.B1c	Rec. B.1.c: The DoD OIG recommended that the Assistant Secretary of Defense (Health Affairs) update Military Health System GENESIS to add an automated control requiring emergency department providers to enter: (1) triage level of care assigned; (2) whether providers offered a Sexual Assault Forensic Examination; and (3) whether providers notified the Sexual Assault Response Coordinator, Sexual Assault Prevention and Response Victim Advocate, or Family Advocacy Program clinical provider for care provided at medical treatment facility emergency departments for sexual assault victims, and the details of the notification, including who was notified and when they were notified.
D-2023-0120-D000AW-0002-0001.B1b	Rec. B.1.b: The DoD OIG recommended that the Assistant Secretary of Defense (Health Affairs) develop a process to review and ensure that emergency department providers implement and consistently apply the new guidance on documentation requirements for sexual assault victims.
D-2023-0120-D000AW-0002-0001.B1a	Rec. B.1.a: The DoD OIG recommended that the Assistant Secretary of Defense (Health Affairs) revise guidance to require emergency department providers to document in the sexual assault victim's medical record: (1) the triage level of care assigned; (2) whether providers offered and documented a Sexual Assault Forensic Examination to the victim; and (3) whether the Sexual Assault Response Coordinator, Sexual Assault Prevention and Response Victim Advocate, or Family Advocacy Program clinical provider was notified, and the details of the notification including who was notified and when they were notified.
D-2023-0120-D000AW-0001-0001.A1b	Rec. A.1.b: The DoD OIG recommended that the Assistant Secretary of Defense (Health Affairs) develop a process to review and ensure that emergency department providers implement and consistently apply the new guidance for assigning a triage level for sexual assault victims.
D-2023-0120-D000AW-0001-0001.A1a	Rec. A.1.a: The DoD OIG recommended that the Assistant Secretary of Defense (Health Affairs) conduct a study concerning triage levels for sexual assault victims, including a review of industry standards and revise DoD guidance to prescribe a specific triage level for sexual assault victims or a minimum level that meets the requirements for priority and uniformity.
4	We recommend the Acting Director of U.S. Immigration and Customs Enforcement evaluate resources and address results for officers overseeing addresses for migrants released.
3	We recommend the Executive Associate Director of U.S. Immigration and Customs Enforcement's Enforcement and Removal Operations analyze migrant U.S. release address data on a recurring basis to identify trends, such as recurring and uninhabitable addresses, and share known address concerns with U.S. Border Patrol.
2	We recommend the Acting Director of U.S. Immigration and Customs Enforcement establish a policy for ICE field personnel to validate migrant addresses and to elevate address concerns, such as recurring or invalid migrant release addresses, recorded into U.S. Customs and Border Protection and ICE systems.
1	We recommend the U.S. Customs and Border Protection Acting Commissioner and the Acting Director of U.S. Immigration and Customs Enforcement create and implement a plan of action to coordinate on requirements and processes when migrants do not have a valid U.S. address for release.
14	Implement training on processing and tracking appeals that is mandatory for VHA staff who process decision reviews.
13	Develop decision review retention standards and communicate to the relevant programs what types of claims and appeals documentation should be stored, for how long, and where.
12	Work with the Office of Information and Technology to determine the best way to create a central repository and identify the necessary resources to implement and maintain it.
11	Work with VBA and others to allow access to all VHA program offices, and ensure that those offices in turn require that staff use the Centralized Mail Portal for all decision reviews or establish another mechanism that ensures all decision reviews are tracked from request receipt through routing and processing.
10	Issue policy and other clear guidance that includes standard tracking processes and procedures, and oversight of that tracking.
09	In coordination with the Office of General Counsel, seek clarification on how the reporting metrics sections of the Appeals Modernization Act apply to VHA, and then develop those measures.
08	Establish interim tracking procedures with the program offices until Caseflow can be considered a reliable system for VHA oversight.
07	Work with the Office of Information and Technology to update Caseflow to address identified VHA system requirements within specified deadlines, including adding a program identifier and facilitating entries for individuals and entities that are not veterans.
06	Identify resources and assign duties to conduct quality control reviews of decision letters with program offices to remediate deficiencies.
05	Require the Office of Regulations, Appeals, and Policy and the program office for Member Services' Eligibility and Enrollment Division to ensure that priority group assignment decision notices are provided with enrollment handbooks given to veterans.
04	Using the same evaluation findings, require the Veteran and Family Member Programs to update its systems to generate AMA-compliant decision notices to the extent possible.

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03	Using the evaluation findings from recommendation 2, require Payment Operations to update its systems to generate AMA-compliant decision notices to the extent possible.
02	Require the Office of Regulations, Appeals, and Policy to evaluate the program offices' barriers to including all required elements in decision notices and take corrective action, seeking congressional relief if needed.
01	Require the Office of Regulations, Appeals, and Policy, in coordination with the Office of General Counsel, to determine whether the Office of Dentistry and the Consolidated Patient Account Center Program have appealable benefits decisions governed by the AMA, and if so, to update program policies, processes, and procedures accordingly, including ensuring that claimants receive written decision notices that meet all act requirements.
2	We recommend that USAID/Nigeria verify that Georgetown Global Health Nigeria corrects the one instance of material noncompliance detailed on page 25 of the audit report.
1	We recommend that USAID/Nigeria verify that Georgetown Global Health Nigeria corrects the one material weakness in internal control detailed on page 21 of the audit report.
3	Verify that Fondation Serovie corrects the five instances of material noncompliance detailed on page 36 of the audit report.
2	Verify that Fondation Serovie corrects the three material weaknesses in internal control detailed on page 24 of the audit report.
1	Determine the allowability of \$31,248 in questioned costs (\$1,250 ineligible and \$29,998 unsupported) on pages 15 and 16 of the audit report and recover any amount that is unallowable.
D-2023-2115-DEV0PC-0001-0001.b	Rec. 1.b: The DoD OIG recommended that the Commander of U.S. Army Europe and Africa provide a fragmentary order or directive to the [Redacted] Theater Sustainment Command to immediately enforce existing in-transit security standards for ground transport and transfer of sensitive items for onward movement to Ukraine.
D-2023-2115-DEV0PC-0001-0001.a	Rec. 1.a: The DoD OIG recommended that the Commander of U.S. Army Europe and Africa prepare and issue written orders or guidance specifying assignment of responsibilities to the Division Tactical Command Post at the Logistics Enabling Node-Poland for the planning and implementation of security for ground transport and transfer of sensitive items for onward movement to Ukraine.
10	We recommend the Architect of the Capitol (AOC) require the Construction Manager as Constructor (CMc) to either address the damages resulting from the incorrect or improper work that the CMc performed during Phase 1 or recover the costs that the AOC incurs to remediate the damages. If feasible, the AOC should recover the costs it has already incurred for the repairs to date (\$29,324).
9	We recommend the Architect of the Capitol ensure the supply diffusers near the Caucus Room ceiling are adjusted or replaced so they do not interfere with the use of the projector screen.
8	We recommend the Architect of the Capitol ensure design specifications clearly identify sound design A-weighted decibels goals for all rooms deemed to be sensitive to elevated noise.
7	We recommend the Architect of the Capitol add steps to the commissioning process that require the commissioning agent to test Heating, Ventilation and Air Conditioning systems for acceptable sound levels in all rooms deemed to be sensitive to elevated noise.
6	We recommend the Architect of the Capitol review its commissioning process and implement internal controls to ensure that the commissioning agent properly completes all required steps prior to commissioning work.
5	We recommend the Architect of the Capitol (AOC) identify any other incomplete or incorrect work pertaining to the Heating, Ventilation and Air Conditioning system in the Caucus Room. The AOC should require the Construction Manager as Constructor (CMc) to complete the work in accordance with the contractual specifications or assess credits against the CMc for failing to properly complete its contractual obligations.
4	We recommend the Architect of the Capitol (AOC) require the Construction Manager as Constructor (CMc) to submit a final Testing, Adjusting and Balancing report. If the CMc is unable to do so, the AOC should assess a credit against the CMc for failing to properly complete its contractual obligations.
3	We recommend the Architect of the Capitol develop and adopt agencywide requirements for its Building Information Modeling Project Execution Plan to ensure contractors are informed and capable of meeting the required contractual deliverables.
2	We recommend the Architect of the Capitol ensure the final as-built model of the Caucus Room includes all work performed in the room, regardless of which organization performed the work.
1	We recommend the Architect of the Capitol ensure the Construction Manager as Constructor complies with the contractual requirements outlined in the Cannon House Office Building Renewal Project's Building Information Modeling Project Execution Plan.
23-A-04-106.03	We recommend that the Georgia Department of Community Health develop a plan with CMS to address the foundational issues preventing more frequent surveys at nursing homes with a history of multiple high-risk deficiencies.

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23-A-04-106.02	We recommend that the Georgia Department of Community Health work with CMS to develop a risk-based approach to identify nursing homes where surveys should be conducted more frequently than once every 15 months, such as those with a history of multiple high-risk deficiencies or frequent management turnover.
23-A-04-106.04	We recommend that the Georgia Department of Community Health work with CMS to develop standardized life safety training for nursing home staff.
23-A-04-106.01	We recommend that the Georgia Department of Community Health follow up with the 19 nursing homes in this audit that demonstrated life safety, emergency preparedness, and infection control deficiencies to ensure that they have taken corrective actions.
1	Determine the allowability of \$229,822 in ineligible questioned costs on page 21 of the audit report and recover any amount that is unallowable.
4	Develop and implement a process to make periodic updates to the Millenium Challenge Corporation's business impact assessments.
3	Implement level 2 event logging requirements in accordance with Office of Management and Budget memorandum M-21-31.
2	Develop and implement a plan for Millenium Challenge Corporation's security assessments to be updated.
1	Update the agency's policies and procedures to reflect security controls identified in National Institute of Standards and Technology Special Publication 800-53, Revision 5.
3	We recommend that the Architect of the Capitol (AOC) conduct an organizational-wide assessment to identify disposable property and discard the property per AOC Order 34-45 (Personal Property Manual) to ensure adequate storage space.
2	We recommend that the Architect of the Capitol (AOC) research and implement federal government best practices for acquiring and maintaining adequate storage space to reduce the risk of theft.
1	We recommend that the Architect of the Capitol (AOC) update and revise AOC Order 34-45 (Personal Property Manual) to (1) establish a dollar threshold for accountable property, (2) the greatest extent possible, ensure mission critical non-consumable property is consistently defined across AOC jurisdictions, (3) provide guidance on how to identify, document and track mission critical non-consumable and non-accountable property, (4) provide clear directions on administrative controls and (5) develop and enforce additional inventory and accountability procedures for accountable and non-accountable property to reduce the risk of mismanagement and lost property in accordance with federal best practices.
23-E-05-039.02	CMS should use data sources, in addition to OASIS assessments, to improve the accuracy of the quality measure related to falls with major injury.
23-E-05-039.04	CMS should explore whether improvements to the quality measure related to falls can also be used to improve the accuracy of other home health measures.
23-E-05-039.01	CMS should take steps to ensure the completeness and accuracy of the HHA-reported OASIS data used to calculate the falls with major injury quality measure.
23-E-05-039.03	CMS should Ensure that HHAs submit required OASIS assessments when their patients are hospitalized
22-E-06-042.01	Continue efforts to hire a second-line supervisor and assess whether additional supervisors are warranted to meet the Unit's oversight needs.
22-E-06-042.03	Implement a comprehensive case management system that allows for efficient access to case documents and information.
22-E-06-042.02	Build upon its efforts to increase referrals of patient abuse or neglect.
22-E-06-042.04	Take steps to ensure that periodic supervisory reviews are conducted on a consistent basis and that case files include documentation of supervisory approvals.
6	Review system processing of names to reduce inaccurate name mismatches.
5	Add system controls to ensure living arrangements are reviewed and updated for changes during redeterminations if information from property searches conflict with other information in SSA records.
4	Add system controls to ensure employees add required documentation to support allegations of an undue hardship exclusion.
3	Add system controls to ensure employees add required documentation supporting property determinations and independent property verifications.
2	Add system controls to ensure employees review for possible prior Non-Home Real Property ownership for properties that may have been owned or sold within the look-back period and whether the sales are subject to transfers of resource rules.
1	Take corrective actions on the 17 cases we identified as having inaccurate property determinations.

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6	We recommend NARA's Office of the Chief Financial Officer finalize Interim Guidance 400-5, Capitalization Policy for NARA Assets on capitalization of costs for Software Development Projects and enhance to address the scenario where programming and development for internal software is outsourced to external contractors. This should include the types of costs to be capitalized, materiality, and documentation requirements.
5	We recommend NARA's Information Services, for ERA 2.0 and future system development projects, require the development of a program baseline budget that encompasses costs and schedule, and the measurement of performance against this budget. In addition, risks related to cost, schedule and scope should be identified, documented, and measured on an on-going basis. Assumptions and constraints should also be identified, documented, and analyzed for cost impact.
4	We recommend NARA's Information Services enhance policy or procedures which outline documentation requirements and records retention for delivery and acceptance of contract deliverables by the COR and project team/stage gate reviewers within tailoring plans. Additionally, for projects with multiple releases, ensure that these policies or procedures provide clear guidance on how to document deliverable acceptance within the tailoring plans.
3	We recommend NARA's Information Services, for ERA 2.0 and future system development projects, require the development and maintenance of a program management plan which describes how these subprojects are expected to reach a targeted steady state for production and roll out for agency use. This plan should consider current and future risks which could threaten the achievement of planned milestones and deliverables on the overall project. This plan should also demonstrate how to validate participation and adoption of the system under development to reduce reliance on legacy systems or components and related decommissioning processes.
2	We recommend NARA's Information Services institute a process to complete an annual review and update of the SDLC methodology.
1	We noted that in OIG Audit Report No. 17-AUD-15, a suggestion was made to "modify NARA's SDLC methodology to align it better for agile projects" that has not been addressed. In addition to resolving this issue, we recommend NARA's Information Services review and update the SDLC Methodology to ensure it reflects current NARA practices related to system development methodologies utilized at the agency. NARA should modify the description of their SDLC methodology processes to be more agile, by adopting the cyclical approach described in GAO's Agile Assessment Guide – Best Practices for Agile Adoption and Implementation. The system development process should be focused on producing working software for users to test after each agile iteration, and for the software to be updated with user feedback after each cycle.

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